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Digest of the Philadelphia College of Osteopathic Medicine (Fall 1988)

Philadelphia College of Osteopathic Medicine

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DIGEST

F A L L 1 9 8 8

Osteopathic

*Osteopathic
Medical Center
of Philadelphia*

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*Zooming in on
This Year's
Accomplishments*

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Alumni Athletic Fields

City of Philadelphia Contract

Toxicology Services

Lithotripsy Services

MRI

GE 9800 CT Scanner

Laminar Flow Surgery Suite

Young Auditorium

Center of Rehabilitation Sciences

Manayunk Physicians Offices

Germantown Health Care Center

Durable Medical Equipment

Student Recruitment

New College Degree Programs

Osteopathic Research Symposium

Federal Training Grant

Coordinated Internships

Curriculum Revisions

Annual Fund Alumni Support

Campus Access & Signage Program

Bond Issue

New Telecommunications System



Vernon Snyder

The Digest
of Philadelphia College
of Osteopathic Medicine

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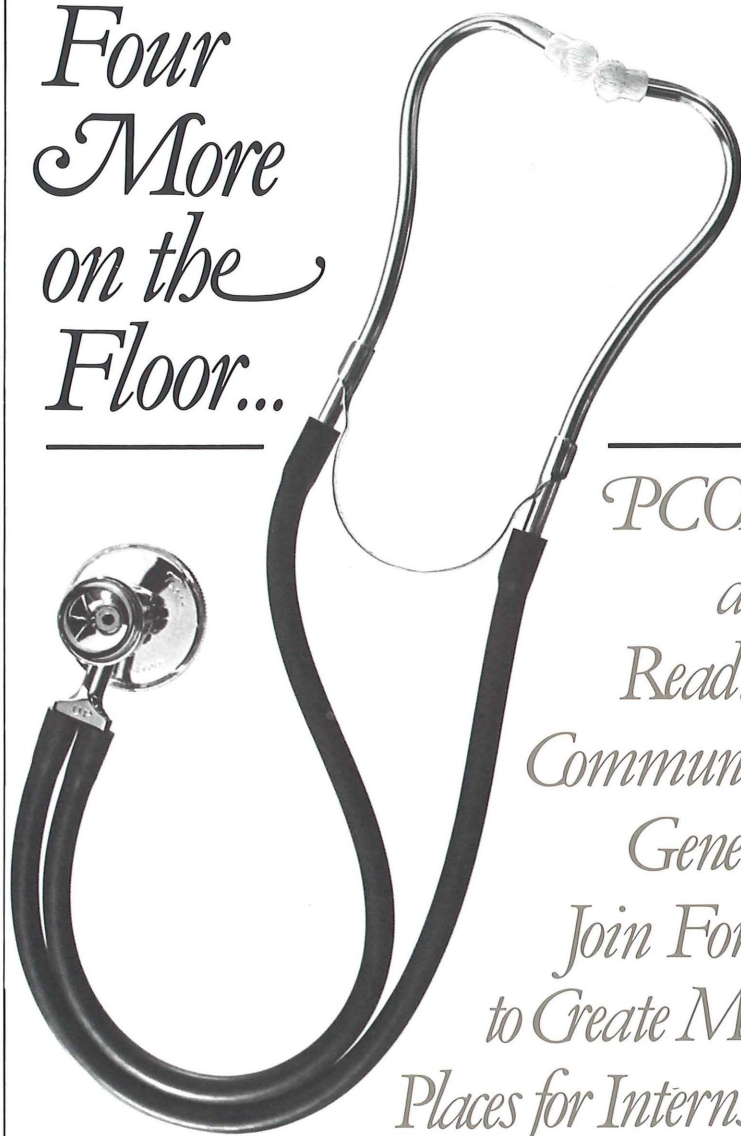
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DIGEST

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*Four
More
on the
Floor...*



*PCOM
and
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to Create More
Places for Interns...*



Tim Allen received his DO in July, and is serving his internship in a newly installed program at Community General Hospital, in Reading, Pennsylvania. He is awed by the idea of becoming a doctor, and by the gravity of the responsibility that goes with it.

"I still don't think I'm a doctor," he confides. "Even though I have a diploma that says I'm a DO, there are too few times when I know the right answer or how to start the right treatment. I'll begin to feel like a doctor when I can take a really sick person — a diabetic, an emergency case, or a family practice patient, and begin the treatments that will make that person well."

A Good Idea Catches On

Thanks to the combined efforts of Community General's professional staff and pediatrician Robert Berger, DO, PCOM's assistant dean for clinical education, Allen is on the way to acquiring the experience and knowledge he needs. PCOM's program to expand the number of osteopathic internships available began in 1986, when the College announced that it would work with any hospital to help set up an internship program meeting the requirements of the American Osteopathic Association.

The AOA, through its matching program, would help to find candidates for the program from the yearly crop of DO graduates nationwide. PCOM oversees the programs in each of its five affiliated hospitals so that the internship experience is fruitful for both interns and the hospital.

Since the founding of the first program in 1986 at St. Joseph's Hospital in Philadelphia, four other hospitals, none of them osteopathic institutions, have created new places for 33 interns.

The Goal: Make More Places for All Interns

Neither Berger nor PCOM insist that hospitals choosing to affiliate with this program select their interns only from among PCOM graduates. "I don't care whose osteopathic interns they take,"

exclaims Berger. "When we help create new places for interns anywhere, it raises the number of internships available for our own graduates."

Of Community General's four interns, three are from PCOM. Tim Allen, who above shares his concerns about the new responsibilities being thrust upon him, is a 1988 graduate of New Jersey College of Osteopathic Medicine. His fears are not unique among interns, but of the four undergoing the metamorphosis of medical school graduate into licensed physician, Allen is most candid. He shares thoughts that have emerged through continual introspection — itself part of the process of becoming a doctor who is accredited as such by his colleagues.

The Need for a Renewable Resource

Community General is undergoing a similar process of change and growth. It hasn't had interns for 15 years, and sees its efforts to sustain a new internship program as an answer to the chronic challenge of finding skillful family practitioners for the Reading area. The Hospital's director of medical education, Robert E. Craft, MD, had observed for several years that the population of family practitioners in the Reading area was aging. Increasingly frequent retirements or deaths of family practice physicians were reducing their number to unacceptable levels. It became apparent to Craft that Berks County and Community General needed a new source of family practitioners, not only to replace those dropping out, but to care for the growing population of Berks County. New highways making Reading more accessible from Philadelphia continue to stimulate development and encourage growth of the local population.

Aiming for Quality in Primary Care

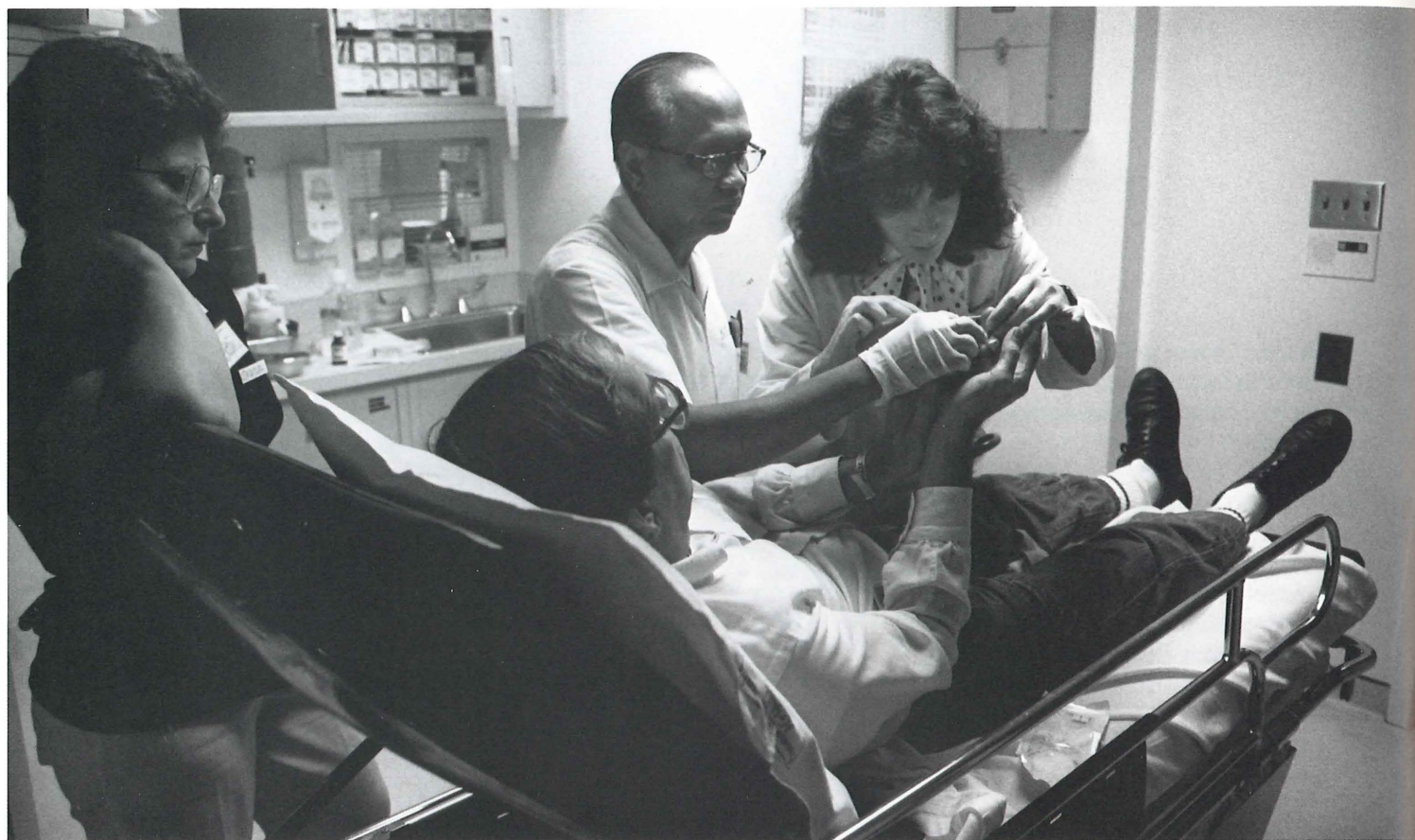
Craft had observed that many of the primary care physicians in the area were not only DO's but were especially good at what they did. "I have always been impressed with the high level of

primary care they bring to the profession," he says. The director reasoned that interns obtained from osteopathic medical schools would most likely have a built-in orientation toward pursuing a career in primary care.

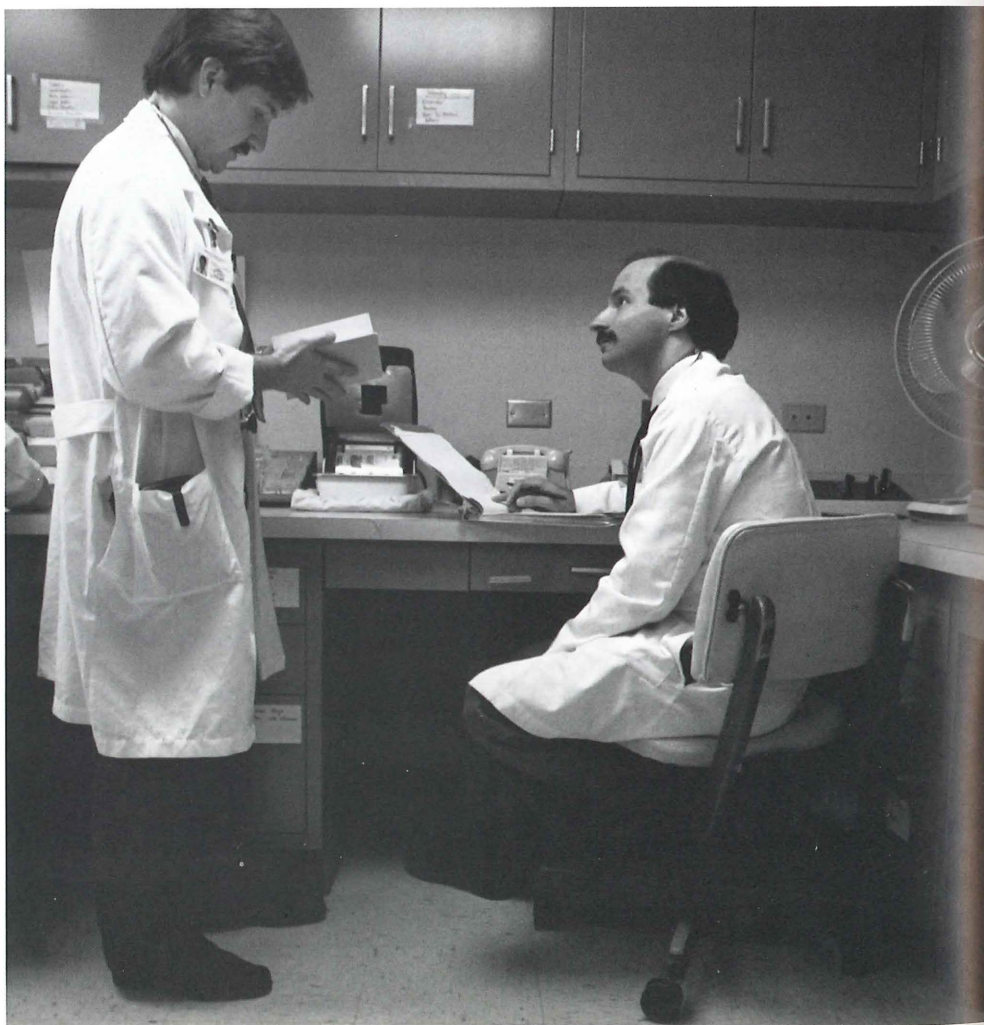
At Reading Community General, such a physician is chairman of the department of family practice. Robert K. Hippert, DO '76, is one of eight DOs on the staff of the hospital. All but one are family practitioners.



Robert Hippert, DO '76, chairman of family practice at Reading Community General Hospital and president-elect of the medical staff, has been a prime mover in the effort to establish an osteopathic internship program. Working with PCOM and the AOA, Hippert has begun with four interns this year, and expects expansion in 1989 to six. The hospital also participates in osteopathic rotations in emergency, internal and family medicine.



Intern Corrine Ruggiero, DO, '88, (above, right) in the first week of a month's rotation in the Reading Community General emergency room, sutures a lacerated finger. Celedonio Valencia, MD, supervises, typical of attending physicians' close observation in the early days of a rotation. Intern Tim Allen, DO, (standing, right) tests his conclusions on a case in internal medicine with Steven J. Badeen, MD. At first inclined toward a career in OB-GYN or pediatrics, Allen finds that the Community General program has given him a new interest in family practice.



Hippert shares Craft's concern about the need to find new primary care physicians for both Community General and the Reading area. In recent years they interviewed more than 30 physicians referred by personnel search firms, but with limited success. It was almost impossible for the physician and the hospital staff to get to know each other in the few hours or days available for interviews.

A Suggestion from a Colleague

Late in 1986, word of PCOM's effort to help establish college coordinated internship programs came to RCG from one of its pathologists, George Connerton, MD, who also is on staff at St. Joseph's Hospital in Philadelphia. Connerton had observed the original PCOM program working at St. Joseph's. It has since proved so successful that in the following year St. Joseph's increased its original complement of 12 interns to 13. In 1988, five more were added. Connerton suggested to Craft and Hippert that they talk with Bob Berger to learn if a similar program might be made to work in Reading. Discussions between Berger, Craft, and the board of Community General followed. By the closing months of 1987, the hospital and PCOM had agreed to affiliate.

Would the Staff Support the Program?

Essential for a plan to install an internship program was asking staff members if they wanted one, and if they would help to make it work. Though no teaching program had existed for 15 years, the hospital had every service through which the AOA requires interns to rotate. Even the pediatric and obstetrics departments, now being deleted or combined by many hospitals because of economic pressure, remain active at Community General. Without the enthusiasm and support of staff physicians, none of whom would be paid for time spent in teaching, the program would be doomed to failure. In a survey of staff members, most said they would enjoy the role of teacher and mentor. Some concluded that one of the

benefits of teaching would be the pressure on them to be current with the academics of a case before sitting down to share it with an intern.

When they have completed their year, each intern will have rotated through one month each of family practice, pediatrics, emergency, ob/gyn and cardiology; and three months of surgery and internal medicine, with a one-month elective. The interns acquire experience with the ancillary services of radiology and pathology as they are encountered in the course of the formal schedule. The surgery rotation is sub-divided among two months of general surgery and two weeks each of urology and orthopedics.

Each intern, when rotating through a department, is assigned to one staff physician, even though the intern may work with many. According to Hippert, the teaching program is designed to enhance one-on-one instruction with a series of lectures given by Community General staff and other specialists, some under the auspices of pharmaceutical companies. Attendance by interns is mandatory at regularly scheduled weekly meetings and at medical grand rounds. Hippert holds monthly family practice department educational meetings that feature experts lecturing on topics of special interest to family physicians. The hospital requires every intern to attend every conference.

Accurate Schedules Expand Productive Time

Keeping track of the hundreds of interlinking commitments, people and projects that even a four-intern program generates, is Kathy Dugan, intern program coordinator. She schedules all intern activities, including assignments, lectures, conferences, and other peripheral activities that absorb most of the interns' waking hours. When intern Therese Klansek says that "What has been promised to me has been delivered," she can say it in part because of Dugan's work in

preparing and expediting schedules for the programs that Craft, Hippert and their associates have devised.

Intern Tim Allen says, "The program is good. It's well selected and we are not abused." Program planners sympathized with the idea that interns can be over-scheduled and overworked, often to the detriment of both the educational process and the patients' welfare. With that in mind, working hours for the interns are scheduled to leave them free on Friday and Saturday nights and on call only every fourth night.

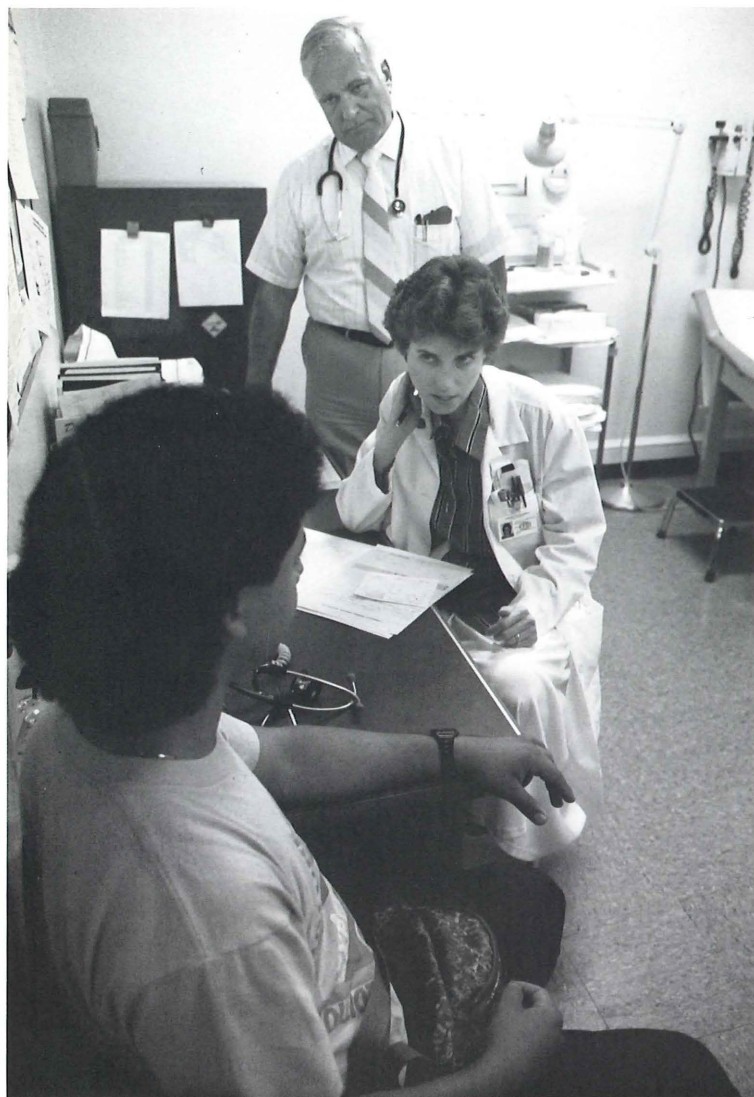
"Only two weeks in the month are hard," explains Allen. "It's not too bad unless you are up all night on the nights you are on call. The worst night I've had was one with six admissions. That's unusual. More often there are only two or three."

Maximizing Learning Opportunities, Guarding Against Exhaustion

Noting that New York state, in response to national publicity about exploitation of interns, has passed legislation controlling it, Hippert is sympathetic. But, he concedes, "There is a fine line between providing all possible learning experiences for the interns while seeing that they are not worn down."

Hippert allows that stress is an inevitable by-product of any intern program. "With only four interns some overwork is unavoidable," he says, "so we have taken steps to avoid it. We have each intern on call every fourth night. We hire residents from other hospitals to work weekends."

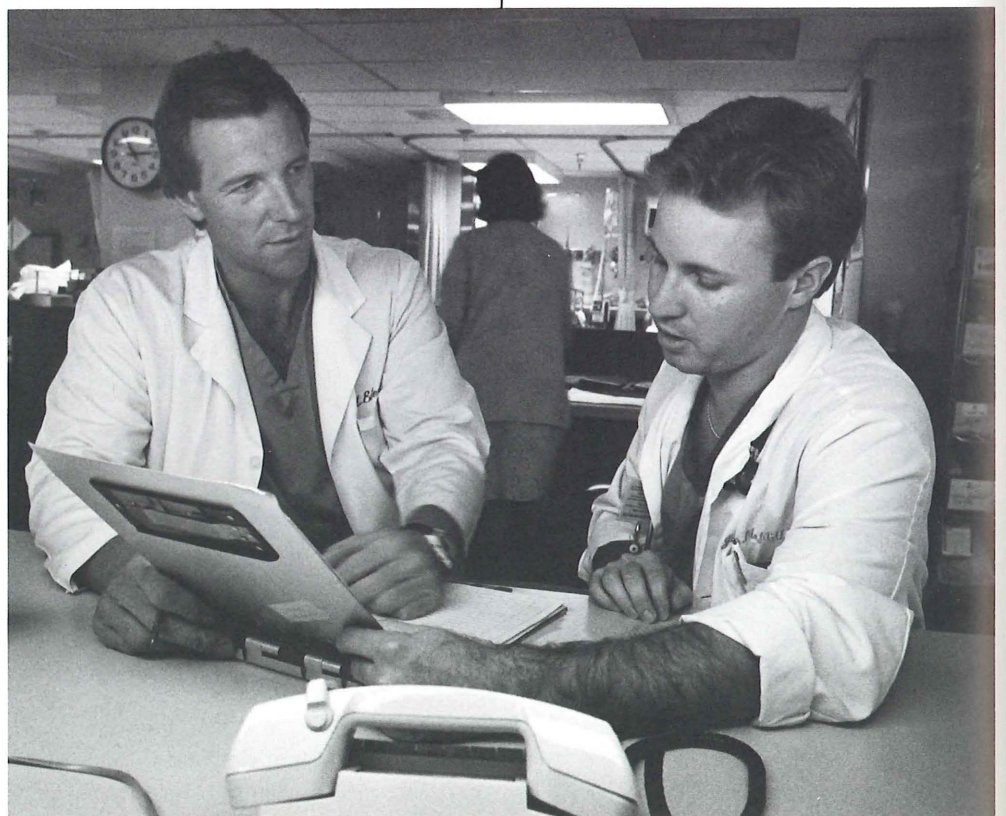
For married interns especially — and all the interns at Community General are married — stress is compounded by the need to combine new medical duties with those of running a family. Hippert adds, "There is also the stress experienced by an intern who is growing from a student who observes into a doctor who participates. All our interns were nervous about that when they started, and we try to deal with it in several ways."



On the first day of her family practice rotation, Intern Therese Klansek questions a Spanish-speaking patient to determine the origin of stomach pains. Martin Spangler, DO '58, director of the family practice clinic in Reading, is pleased to have the interns' help in treating some of the clinic's 29,000 patients annually, the largest outpatient practice in Berks County.

Grouped before the entrance to Reading Community General Hospital are its four interns and staff members who helped create the D.O. internship program. From left are: Intern Therese Klansek, DO '88; Robert E. Craft, MD, director of medical education; Intern Tim Allen, DO, NJCOM '88; Lawrence Scanlan, Jr., president and CEO; Thomas M. Ebersole, MD, chairman, OB/GYN, and president of the medical staff; Robert K. Hippert, DO, chairman, family practice; Intern Corinne Ruggiero, DO, '88; Intern Jim McMillan, DO, '88; and Kathleen Dugan, internship coordinator.

Intern Jim McMillan, DO, (at right) came to the program through a 1987 clerkship with Bob Hippert. A Berks County native, he wanted to return to the area. He discusses a post-operative course for a gynecology patient with Thomas Ebersole, MD. McMillan calls the hospital staff "friendly, courteous and anxious to help."





Avoiding Stress

The ways devised by program planners to avoid stress included providing the interns with intense exposure to internal medicine in the first half of the program, to prepare them for the complex problems they would later encounter in cardiology or in the intensive care unit. "We have tried to load their fund of knowledge in their first six months," Hippert explains. "We don't want interns under the pressure of having to deal with problems they aren't ready to handle. That could be traumatic for everyone involved. So we avoid having them overly involved in the ER and ICU during the early months of their training."

Among the interns it's the ER that has provoked a rare exception to a generally positive feeling about the program — not because of any inadequacy of the ER's management or staff, but because of an accident of geography. Most patients with injuries suffered from auto or heavy industrial accidents are taken to Reading's Hospital and Medical Center which is located nearer to freeways and industrial parks. Some are taken by helicopter to the trauma center at Lehigh Valley Medical Center in Allentown.

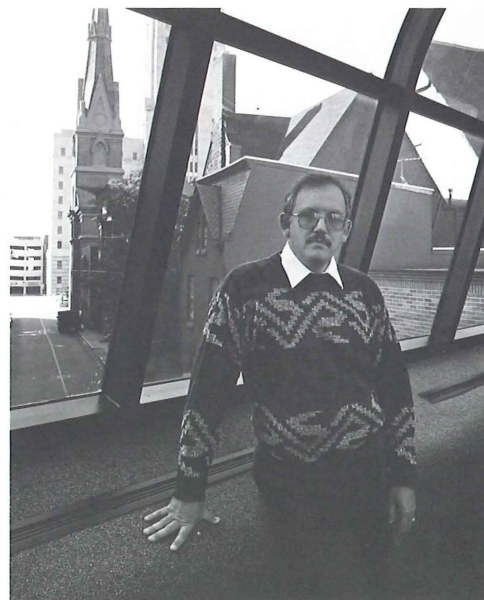
Most of the patients who find their way to Community General's emergency room are not seriously injured and could as easily be helped by a clinic. Interns who are anxious to test their skills in handling

acute patients are sometimes frustrated, both by the hospital's natural reluctance to have them face prematurely what could be challenges of extraordinary difficulty, and the by the relative scarcity of those challenges.

But the ER experience remains useful. Interns disposed toward family practice regard much of their work there as an appropriate addition to time spent learning to be an adept clinician, although there is no shortage of opportunities for that at the hospital.

Burgeoning Clinics

Community General sees over 29,000 patients yearly in its various clinics. It has



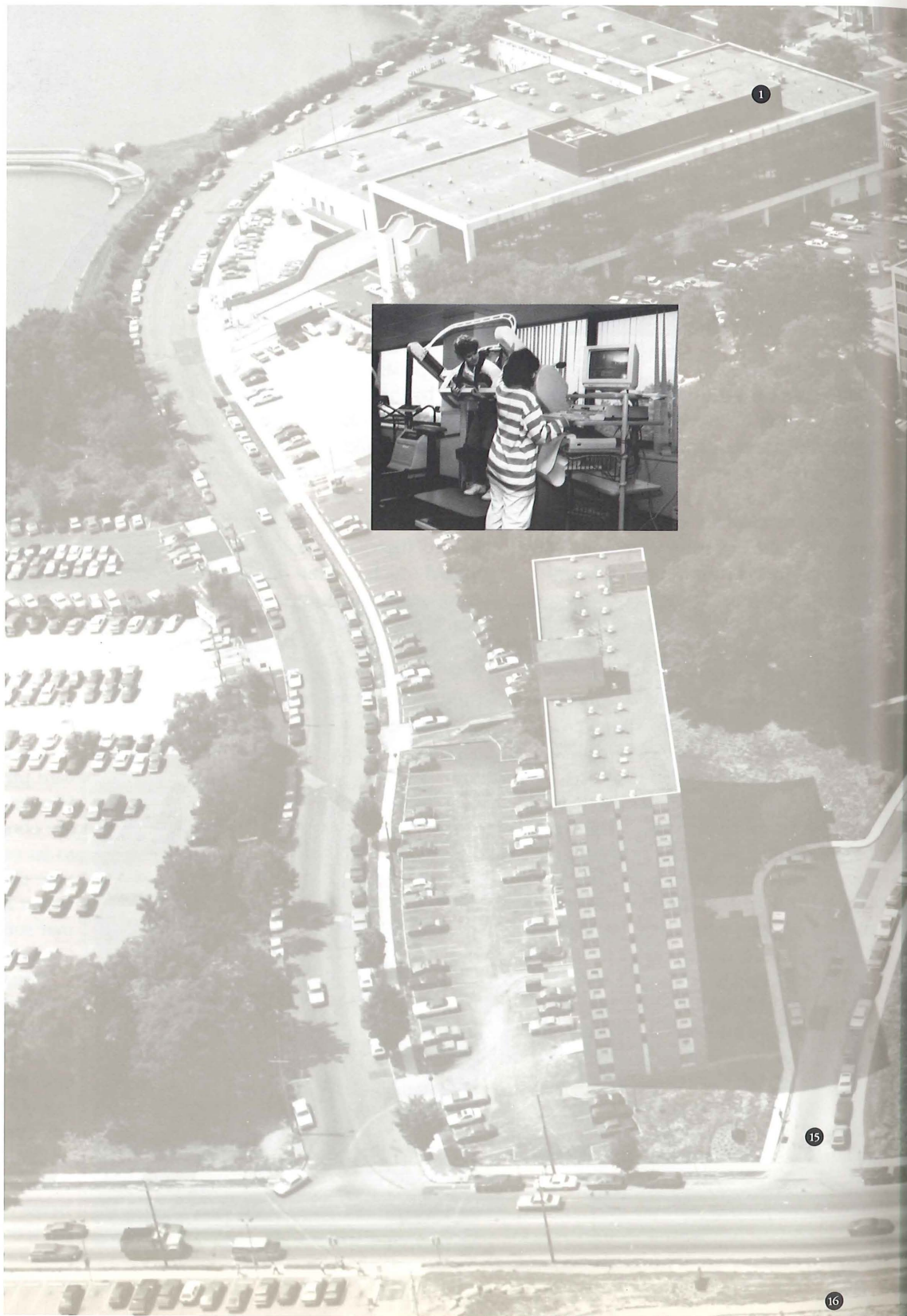
a large pediatric clinic, and conducts clinics in all the specialties. Its family practice clinic, located in a converted row house one block distant from the hospital, is headed by Martin L. Spangler, DO, '58. According to Spangler, it's the largest clinic in the Reading area, seeing more patients than the two other Berks County hospitals combined. Keeping pace with the growth of Berks County, it quadrupled in size in only a decade.

The burgeoning of the hospital's clinical practice, shared by its ancillary clinics and demonstrated by the overflow of clinic patients into its ER, has intensified the hospital's long-felt need for more primary care physicians in the Reading area. Hippert, Craft, and all the physicians who are contributing their time and expertise to its nascent internship program anticipate that the hospital will continue to attract high quality interns. They hope that some will choose to remain in Berks County to practice.

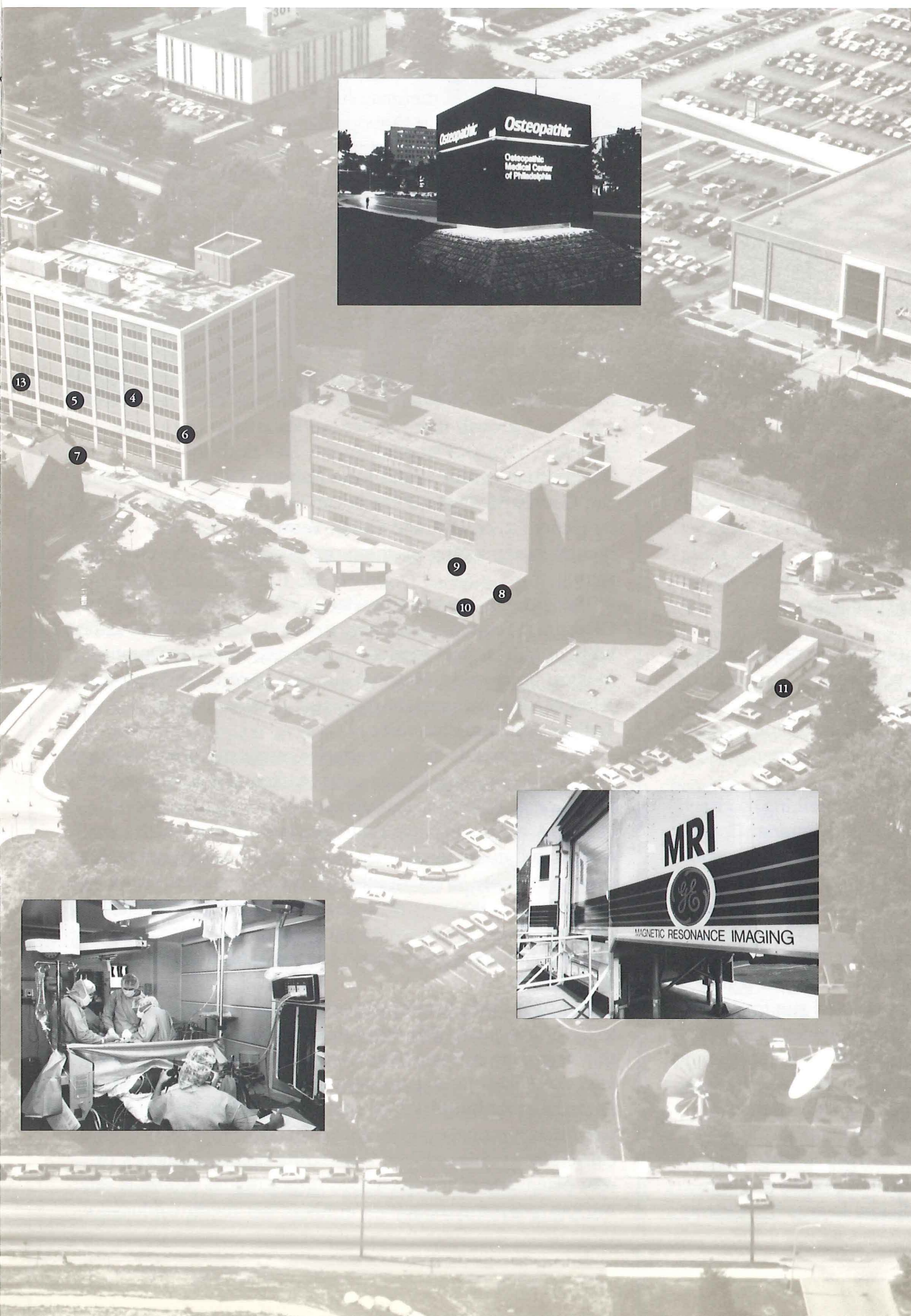
Although it's early in the process, staff members, nurses, and administrators are pleased with what they and PCOM have accomplished. If early indications of success prove accurate, then Reading Community General, with help from PCOM, will eventually have the full complement of family physicians it needs — physicians who will care for the people of Berks County with traditional osteopathic competence and concern.

Osteopathic Accomplishments

For the past couple of years,
organizational changes and
program changes dominated
the activity schedule at
Osteopathic Medical Center of
Philadelphia. In 1988, the
plans and hopes of college
faculty, hospital administration,
employees and students were
translated from fantasy into
reality. Physical transformation,
from bricks and mortar to high
tech technique, has resulted.
Let us count the ways:



The Institution Puts Theory Into Practice



1

Center for Rehabilitation Sciences

2

Germantown Health Care Center

3

Manayunk Physicians' Offices

4

New College Programs

5

Research Symposium

6

Student Recruitment Campaign

7

Alumni Fund Drive Record

8

Toxicology Services

9

Young Auditorium

10

New Laminar Flow Surgery Suite

11

MRI/CT

12

Lithotripsy Services

13

3 Year Federal Training Grant

14

New Telecommunications System

15

New Campus Signage

16

Alumni Athletic Fields

Fifteen area hospitals participate in lithotripsy services managed by David Arsht, DO, in Willow Grove, PA. Here Leonard Finkelstein, DO, chairman of urology at PCOM, prepares a patient.



New Services and Facilities — Up and Running

Thanks to a generous alumni contribution and incentives of lower property taxes, *Alumni Athletic Fields* were completed in 1988 on existing PCOM property. The 5.5 acre site across Monument Road has space for rugby, baseball, soccer and lacrosse fields, and a circumferential running track. Rugby celebrated with a perfect winning season in the graduate school division of the Eastern Rugby Union, at the hands of coaches Walter Prozialeck, PhD, and alumni executive director Hale Peffall.

Celebration of a different sort took place in the departments of Family Medicine and Emergency Medicine when Osteopathic was awarded one of five medical contracts by the City of Philadelphia for workers compensation and industrial injury cases. The *City Contract* receives patients at Osteopathic's Philadelphia Airport Medical Care Facility, as well as at our City Avenue location, and is an important asset when we go after *Industrial Medicine* business throughout the city and suburbs.

The hospital added new *Toxicology Services* with the addition of Norman Coffman, PhD, and spelled relief for kidney stone patients with *Lithotripsy Services* in an area-wide multi-hospital facility located in Willow Grove and managed by David Arsht, DO, and used by Leonard Finkelstein, DO, PCOM's chairman of urology.

Newly installed *MRI Services* occupied some of the attention of the department of radiology sciences, but renovations to their hospital facilities and the acquisition of other new equipment, such as the top-notch *GE 9800 CT scanner*, kept technicians busy learning how to operate the swifter, more accurate systems.

Orthopedic surgeons, meanwhile, had something to cheer about in the hospital's completely renovated *Laminar Flow* operating room, a "clean room" with particle filtration especially useful in reducing infection in orthopedic surgery. Surgery suite improvements also included a new video system for teaching.

Seeing to surgeons' teaching comfort was Galen Young, Sr., DO, whose generous gift to the hospital established *Young Auditorium*, an 85-seat handsomely appointed site for Daniel Wisely, DO, chairman of the department of general surgery, and other members of the professional staff to conduct grand rounds, as well as for community and administrative meetings.

Begun in 1987 as the Bone & Joint Diagnostic Center of the Musculoskeletal Institute, a renamed *Center for Rehabilitation Sciences* expanded operations in 1988 in new, larger quarters on Rowland Hall's third floor. The center is a marketing component of industrial medicine, in which accidents

and injuries require substantial rehabilitation therapy. Departments with direct involvement in CRS include orthopedics, osteopathic manipulative medicine, physical and rehabilitation medicine, and rheumatology.

An active interest in *Osteopathic Physician Expansion into Manayunk* was created during the year, and marketing efforts aimed at measuring and preparing a client base gave way to negotiating a lease for office space. A wellness-oriented community internal medicine physician is expected to begin practice, along with part-time hours by several osteopathic specialties, by early Spring, 1989.

A *New Health Care Center* in Germantown extended the reach of North Philadelphia (Cambria Street) HCC Medical Director Oliver Bullock, DO, whose successful expansion of Cambria operations was welcomed. Improvements in patient care among West Philadelphia's HealthPass users resulted in continued growth there under the leadership of George Vermiere, DO, and Stephen Fedec, DO. Both the Roxborough center, under John Flaherty, DO, and the Sullivan County Medical Center in Laporte, Pennsylvania, directed by Henry Street, DO, and Calvin Vermiere, DO, were instrumental in expanding teaching opportunities in the clinical setting.

Two agreements were finalized under the organization's Diversified Services subsidiary, the three-day-per-week availability of MRI mobile services, and direct access to *Durable Medical Equipment*. Hospital geriatric patients and physical rehabilitation patients are expected to benefit most.

College Activities Intensify

The inescapable fact of a smaller medical student applicant pool in recent years has brought marketing the college to the forefront, and *Student Recruitment* to the highest priority at PCOM. A comprehensive campaign is underway, with new tools to tell the story of the school's superior reputation, location and quality in osteopathic medical education. Graduates who wish to become members of the "Alumni Ambassadors" for the college, or otherwise participate in the recruiting process, should notify Carol Fox, director of Admissions and Student Affairs.

Part of PCOM's coming attractions will be our connections to other campuses and other degree programs. Put in place this year were a *Seven-Year BS/DO Program* at Wilkes College, in Wilkes-Barre, Pennsylvania, and a *Five-Year MBA/DO Program* at St. Joseph's University in Philadelphia. On the active list is a proposed *Five-Year MPH/DO Program* at Temple University in Philadelphia. Depending upon a student's career plans, any of the expanded opportunities PCOM is offering can make the difference in his or her medical education.



John Angeloni, DO, right, chairman of family medicine, continues to expand the post-graduate medical education program at PCOM.



Osteopathic medical students hit the books in the college library, but future research and information retrieval will come through interactive computerization, PCOM's part in a six-school Health Care Library Consortium bringing the latest medical techniques to investigators throughout Pennsylvania.

Support for Osteopathic Research at PCOM improved with an increased budget and demonstrated commitment to comprehensive faculty awareness of research past and present. PCOM's first *Osteopathic Research Symposium* took place November 5, a historical view of elements that shaped osteopathic thought and clinical practice. A monthly series of seminars have begun, with a second symposium scheduled in Fall, 1989. A full report on the 1988 event will be made in the Winter issue of *Osteopathic Digest*.

Chairman of the department of Family Medicine, John Angeloni, DO, secured a *Three-Year Federal Training Grant* worth \$1 million over three years; the college continued its efforts to establish *Coordinated Internships* throughout the region; and *Curriculum Revisions* will pull together, for example, such related studies as the pathology seen in oncology, gastroenterology and urology, so that students can apply similar knowledge to a variety of conditions taught in a common time frame.

The college made significant strides in Resource Development, as *Alumni Contributions* to the Annual Fund were up a whopping 19 percent; foundation grants tripled in total amount and corporate gifts to the institution quadrupled. A *Minority Scholarship Program* was instituted at the college, aimed at attracting qualified students who are competing for medical education slots.

On your way to the 1989 Founder's Day activities in January, any view of the campus will offer evidence that our

Campus Access and Signage improvements are beginning to pay off. A landmark cube marks our position on City Avenue, with entrance signage added at the hospital emergency access, and similar elements on Monument Road. Trees were trimmed across the campus front lawn, providing a much clearer view of building signs already on the college and planned for the hospital. Our front parking gate now is located near the Carriage House, to allow easier patient and physician access to the hospital front door. A further beautification, parking and directional signage effort is in progress.

Powering many of the institution's improvements is a \$22.9 Million bond issue, which was prepared under the direction of Herbert B. Boulden, Executive Vice President and Treasurer, placed through the Irving Trust Company of New York. The funds will be used for much needed hospital improvements and technical equipment over the course of several years.

The daunting task of *Replacing the Entire Telecommunications System* on campus was undertaken by Management Services' Information Systems department and completed efficiently. It opens up both voice and data capabilities for the information needs of the medical center.

The foregoing is a short list of accomplishments. A more complete accounting was made to the annual meeting of the Corporation October 19 by President J. Peter Tilley, DO, and was received with enthusiasm.

A Nursing Viewpoint on Medical Ethics

Reprinted by permission of RN Magazine

Photos by Kim Grewell

RN Magazine, a national nursing monthly, devoted its October issue to the practical, professional and moral dilemmas staff nurses encounter daily. For research into what nurses are saying about ethical questions, RN polled 2,000 randomly selected nurses nationwide. More than 51 percent responded, a very high measure of interest. Separately, RN selected four members of a panel "chosen for their expertise and their involvement in the issues at hand."

Together, the weighty information was assembled into seven articles. Graphic illustrations presented the written research, and comments from the panelists focused the mainstream attitudes forcefully. One of the panelists was Phyllis Taylor, RN, nurse counsellor at Osteopathic Medical Center of Philadelphia.

Taylor has been at the center of ethics involvement at Osteopathic as a member of the institution's ethics committee since its inception. A veteran of the "hard stuff," she works daily with patients and their families, assessing and managing pain, dealing with life-threatening illnesses and death. She performs enterostomal therapy (helping patients deal positively with the traumas of colostomies, ileostomies and urostomies, draining wounds, fistulas and incontinence). Since 1982, she has taught ethics and pain management at Philadelphia College of Osteopathic Medicine. In a recent move, she has accepted the additional position of AIDS counsellor for the institution. Her work outside Osteopathic has centered on peace efforts through many trips to battle-torn Central America, active membership in Amnesty International and in Nurses Alliance for the Prevention of Nuclear War. She is a frequent speaker on these concerns throughout the nation.

RN Magazine posed the tough questions in the series of articles called "A Practical Guide to Modern Nursing Ethics." Panelist Phyllis Taylor's responses, as reported throughout these articles, will be prefaced here with sufficient information to establish the point.

Does the Nursing Shortage Change the Rules?

RN: The magazine notes the severity of the shortage, which raises ethical questions both for individual nurses and the profession as a whole. Who will be cared for and how will patients be protected?

Taylor: "If the family or friends are there, I

teach them how to turn the patient, or what the dying process looks like and how they can offer comfort. That frees me to be with a patient who has no one.

"I'll recruit any person who's around — I can really give those medical students another kind of education! It's a matter of empowering fresh resources to do what I'd like to but can't. It means I have to give up my own need to be needed, but ultimately I have the satisfaction of knowing that the job gets done."

RN: Although the nursing shortage is a complex problem that won't respond to quick-fix solutions or unilateral action, it does give nurses the power to make a difference. The infighting among [nursing groups] must be resolved.

Taylor: "We need to be banding together to say this is an untenable system, and we need to be involving the public more in understanding that."

What to do When You Suspect Incompetence

RN: Deciding whether or not to report a colleague who's giving inadequate patient care can pose a moral dilemma. What actually endangers patients — what's worth being concerned about — and what really constitutes incompetence?

Taylor: "People who are incompetent, physicians and nurses both, are those who repeatedly make the same mistakes. They either have no idea that they are doing something wrong, or they have a rationale that lets them say it's really all right. Those people are very dangerous — and very different from a person who makes a mistake and says 'Oh my God, what have I done? How can I learn from this so I don't do the same thing again'..."

"My first obligation has to be to the patient; he's most vulnerable, he puts his trust in me. My responsibility to my colleagues comes second."

RN: [But] fulfilling the duty to protect patients can cause terrible friction among colleagues.

Taylor: That's exactly what happened to me on my very first job. I thought the patients were getting lousy care, and I began to raise questions.

"They said, 'Write it down,' so I did. I lasted seven months as a patient advocate. By the end nobody would eat with me, not one nurse would talk with me, and I finally wound up injuring a patient because nobody would assist me when I asked.





"It was a patient on a Stryker frame who needed to be turned. The other RNs refused to help me — three times — and told me to ask an aide. I finally did, and the patient slipped, lacerating his foot. Their refusal to help came as a direct result of my advocacy for patients. It was just horrendous, and I thought long and hard about leaving nursing."

RN: Instead, though, Taylor left that hospital.

Taylor: I vowed then that I'd never work again in an institution where the administration wouldn't back me and where I couldn't find allies who'd help and support and care."

RN: How, then, can incompetence be handled, and yet be fair to the person being reported?

Taylor: "I'll work to make sure that there's a way to help, not just penalize. I'll report caregivers who are drug addicted — whether it's alcohol, or pills, or needles, or whatever — but I also want a program to help the impaired nurses get back on their feet."

RN: Whatever the nature of the support, Taylor emphasizes it cannot be manufactured at a moment's notice.

Taylor: "I'd like to see nurses talking *now* about how we can support each other when there are concerns about incompetence — whether it's clinical ignorance, drug addiction, organic brain syndrome, or whatever the issue."

"If we can have structural safeguards in place before we are thrown into a crisis by a colleague's incompetence, none of us will be left out alone and all of us can fulfill our primary responsibility to our patients."

Death and Dying: Ethics at the End of Life

RN: Most ethical problems in this emotionally charged and legally sensitive area are caused by lack of communication. Phyllis Taylor underlines the need to evaluate the person, as well as the diagnostic and prognostic information in judging whether a situation offers hope or not. She tells of once supporting aggressive coding despite knowing it could add no more than a few days to a cancer patient's life.

Taylor: "This woman desperately wanted to be able to hear Kol Nidre, which is the most haunting chant of Yom Kippur, the holiest day in Judaism. For her husband, too, this was terribly important."

RN: Survey respondents report that superfluous, demoralizing life support measures are very common despite the fact that some 90 percent of their hospitals have policies

concerning Do Not Resuscitate orders. Why?

Taylor: "When patients go home, some physicians write the orders on prescription slips for patients to carry at all times. Other institutions coach families never, never to call for rescue."

"But none of these solutions is completely satisfactory. One problem is that new environments and the passage of time can bring new perspectives; how then, can people be sure that the patient has not had a change of mind?

"The vast majority of people are not being asked what they want for themselves in case of emergency — or else they're being asked in a way that sets them up to answer one way or another. For example, 'You would want us to help you, wouldn't you, if your breathing or your heart stops . . .' Or, 'This is your mother, we have to do this for her.'"

RN: What about when a doctor seems reluctant to raise the DNR issue?

Taylor: I might approach him and say, 'So and so said this to me, it's clear he's thinking about these things, what is the status?' If the physician doesn't respond I might go to our nurse manager, then the ethics committee. I might work my way up the established hierarchy of the hospital, but I wouldn't let it drop. To do so would be to settle for what I feel is poor nursing practice."

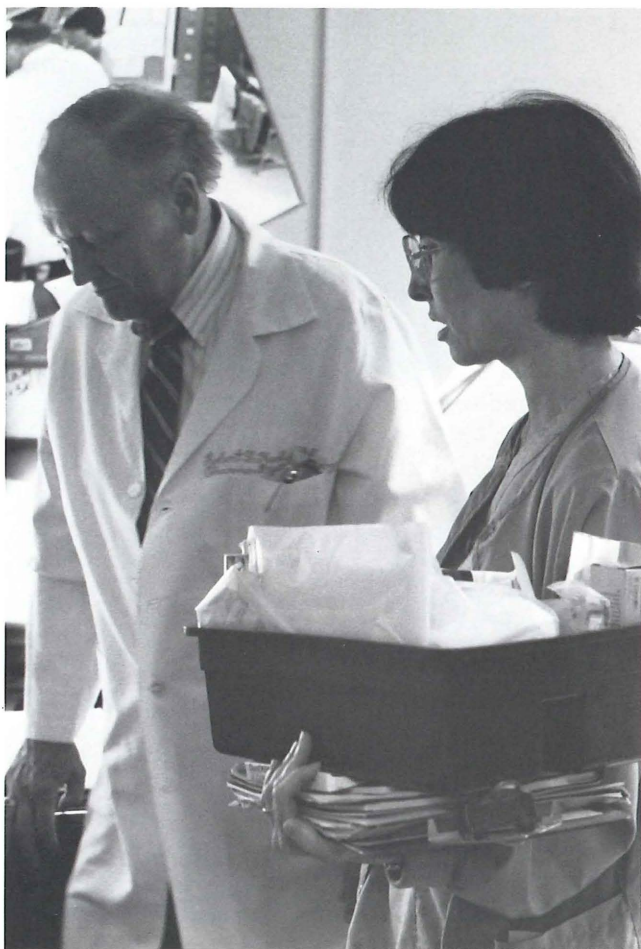
RN: When a doctor approves of the nurse discussing a DNR order with the patient, how can it be framed in a non-threatening way?

Taylor: "Say: 'This is something to think about, not for now, but for the future. We'll do everything we can to make sure it's a long way in the future, but if it should happen, what do you want?'"

RN: Round table panelists responded very personally to the question of active euthanasia.

Taylor: "I've been asked to kill people. My position is that I have no problem providing whatever is needed to alleviate pain, even if it depresses respiration. But I can't administer a drug for the express purpose of killing. I've also heard the question raised about whether to help a patient set up IV lines or tell them what do-





Phyllis Taylor's work takes her to every corner of the institution and beyond. Understanding a cancer patient's radiology report may be crucial to her dealing with the patient's anxieties, and bringing relief to pain. Here she discusses a case with Robert Meals, DO, chairman of radiologic sciences, learning all she can to help people cope, and reflecting the ethical concerns of the institution in the patients' interests.

sages will be lethal so they can take them on their own. Even though I think it would be ethical to do so if the patient was not coerced and understood what was happening, I could not do it. I might give such a patient the address of the Hemlock Society, however, since I believe in her right to make that decision."

Are You Merely a Witness to the Patient's Consent?

RN: Failure to obtain informed consent is among the most common charges in malpractice suits. The more deeply a nurse involves herself in that process, the more likely she is to be named in any suit that is filed . . . [especially if] the nurse is accused of interfering in the doctor/patient relationship. The law recognizes the confidentiality of that relationship, and medical ethics preclude one doctor from interfering in another's case. The ethics of nursing, on the other hand, assume a cooperative effort among caregivers. They tell nurses that patients are entitled to "all the information necessary for making informed judgments" and to be assisted with weighing the benefits and burdens of options in their treatment."

Taylor: "Physicians and nurses therefore have parallel ethical duties, so there's no difference between the nurse/patient relationship and the doctor/patient relationship. The physician needs to explain what's going to happen and so does the nurse."

RN: Sometimes not having all relevant information, coupled with poor communications, can make things seem worse than they are.

Taylor: "A young man with AIDS was comatose, and the surgeon scheduled a brain biopsy. The nurses were furious. But when we told the doctor that we absolutely needed to know why he was going to do this, he had a good reason for this course of action. The biopsy would tell him if the patient had a lymphoma, which it would be pointless to treat given the extent of his illness, or toxoplasmosis, which might yield to quick treatment, improving the quality of the life he had left."

Why AIDS Wracks the Conscience of Nursing

RN: No other disease has spawned such medical and ethical controversy . . . there's no simple answer to the crucial question: Can a nurse ethically refuse to care for an AIDS patient?

Taylor: "Unlike the life-threatening contagious diseases we've seen before, AIDS involves the most private areas



Ethical dilemmas are part of Phyllis Taylor's daily concerns, and most are resolved with physicians, patient families and the needs of the patient all being heard. Her painstaking efforts earned her the "Humanist of the Year" award by the Philadelphia Ethical Society in 1981. She has been the subject of many articles and interviews, and has contributed to dozens of professional and practical articles on ethics, pain management, death and dying, and crisis counseling. She spends vacations helping the poor, homeless and hungry in Central America.

of people's lives: sex, birthing and drug use. So there's a lot of value judgment associated with this disease. It disturbs me a great deal, but I know nurses who feel differently about caring for the 'innocent' hemophiliac who has acquired AIDS through contaminated blood than they do about nursing the 'guilty' homosexual or IV drug user."

RN: While morality is an obstacle for some, more nurses in our survey cite fear of contracting the disease as the reason for their reluctance to treat AIDS patients.

Taylor: "Many nurses are apprehensive because they simply don't believe that the medical world knows very much about AIDS. I've had nurses express the same doubt again and again: 'You tell me AIDS is transmitted only through blood, sexual contact or in utero if the mother's infected. But no one knows for sure that I'm not going to get it if a patient coughs in my face.'"

RN: Fearful as they are, six out of 10 of the nurses that we surveyed do not use [universal] precautions all of the time.

Taylor: "It's going to take time and a lot of rethinking before universal precautions become second nature to us. For example, one day I answered patient's call bell. Blood was leaking from a disconnected IV. Because I had just seen the inservice film on universal precautions, I remembered that I should be putting on gloves. That response, however, did not become second nature until I had seen the film several times and consciously told myself on several occasions: 'It probably won't hurt if this patient bleeds for 15 more seconds while I put on gloves. But if I don't, I could harm myself.' I think it's the same for many nurses."

RN: When others, especially physicians, refuse to care for patients, nurses feel caught in the middle.

Taylor: "Unless there are extenuating circumstances, severe dermatitis, for example, our policy is that any nurse who refuses to care for an AIDS patient will be fired. The department of medicine has yet to take that stand. This creates unequal expectations of health-care providers.

"The nursing staff also needs to know the game plan for a patient. Nurses need to know why a patient is admitted, his code status, treatment plan, and how much he and his family understand about what's going on.

"Coping with terminally ill patients day after day takes its toll. Nurses stay in hospice care for 18, maybe 24 months at the most. No one can work with AIDS patients all the time. Nurse managers need to be flexible about

assignments. Facilities could give mental health days."

Abortion: One Question Clearly Answered

RN: Abortion isn't a new issue, but it's still a highly charged one. [Nurses] don't like the idea of abortion, but they don't want to impose their views on patients, either. . . . Panelist Phyllis Taylor faced a tough choice during the 1970's, when working in a family planning clinic where abortions were done.

Taylor: "For two years I counseled patients and assisted in the procedures, because I believed in family planning and the right to abortion. But various experiences gradually changed my mind about the morality of abortion. One day, for example, when I was called back to give an injection to a patient, I happened to look into a basin and saw a tiny, dismembered hand. Suddenly I was dealing with the reality that what I had assisted in aborting had a very recognizable human form. "Eventually I left this job, even though it caused my family economic hardship."

When the Profit Motive Threatens Patient Care

RN: As hospitals pay more and more attention to the budget, nurses must work harder and harder to provide top-quality care. [But] there are steps nurses can take that will enable them to maintain a caring attitude, deliver adequate care, and deal with some of their own ethical distress.

Panelist Phyllis Taylor, for instance, asserts that nurses sometimes contribute to their high level of frustration and stress by *losing* opportunities to relate to patients.

Taylor: "[We need to] perfect the art of doing several things at once. I can look at skin integrity, talk about pressure sores, and explain why movement is necessary, all while I bathe a patient.

Or remove an IV and teach the patient to watch for signs of infection in the three minutes that I spend applying pressure to the site.

"Use a 'force-field analysis' for problem-solving. You begin by identifying, not the problem, but rather a 'vision of what the nurses would like to see happen on their unit if they had the power."



Faculty in Focus



J. Peter Tilley

The 1988 Christian R. and Mary F. Lindback Foundation Awards for Distinguished Teaching were given to **Zenia A. Chernyk, DO, '77**, clinical assistant professor of internal medicine, and Charlotte H. Greene, PhD, associate professor of physiology and pharmacology.

Norman B. Coffman, PhD, has been named as director of PCOM's newly created Toxicology Department. Dr. Coffman comes to us from Pennsylvania Hospital where he served as assistant clinical chemist for 11 years.

President **J. Peter Tilley** has been elected to a second term as secretary/treasurer of the American Association of Colleges of Osteopathic Medicine.

Two PCOM urology residents are very proud. **Lee M. Blatstein, DO, '84**, received the 88-89 National Osteopathic Foundation, Mead Johnson Fellowship Grant in the amount of \$2000. **Pragnesh A. Desai, DO, '85**, co-authored "Cancer of the Prostate: Update on Diagnosis and Management" with **Leonard H. Finkelstein, DO, MS**, published in the June issue of *JOM*.

The Division of Orthopedics won second prize for its scientific exhibit on "Posterior Spinal Instrumentation" at the ACOS annual meeting. The exhibit was sponsored by **J. Brendan Wynne, DO, '56**, and **Conrad Fraider, DO,**

'77, and presented by **Vincent Avallone, DO**, and **Charles Harvey, DO**. They were awarded \$500 and a copy of *Green's Operative Hand Surgery*.

Sheryl Russ, DO, '89, won the Sir A. William Liley Memorial Essay Contest sponsored by the American Academy of Medical Ethics for her article entitled, "Care of the Elderly: The Ethical Challenge to American Medicine."

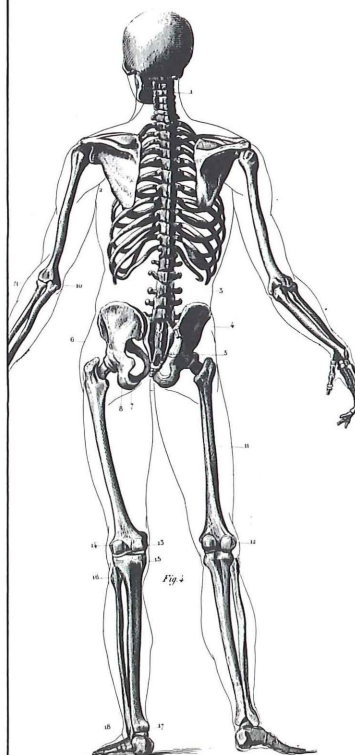
As editor-in-chief, **Leonard H. Finkelstein, DO**, published a column in the summer '88 *POMA Journal* on the role of the physician in dealing with the epidemic of smoking related diseases.

Leonard B. Segal, DO, clinical assistant professor of surgery at PCOM, has been appointed director of occupational health at the Graduate Health System in Philadelphia.

David B. Arsht, DO, clinical assistant professor of surgery at PCOM, was awarded the title of Fellow by the ACOS.

Alumni Directory Last Call
The Harris Publishing Company is putting the finishing touches on correctly listing over 5,500 PCOM alumni who will appear in the forthcoming 1989 edition of the *Alumni Directory*. If you have not sent in your questionnaire, do it now or you may be stuck with the old listing for four more years. And if you have not ordered your copy, call the Alumni Office because they can pull strings and still get your name on the list of reserved copies.

Old Yearbooks Free
The director of admissions and student affairs, Carol A. Fox, announces that some issues of the PCOM Yearbook are still in stock, and she would like to give them to class members. Why not take some extra copies and preserve one each for your children and grandchildren? Then they will not have to fight over this family memento, at least. As long as they last, ask for your copies from the years 76, 77, 79, 80, 82, 83, 84, 85, 86, 87. Contact admissions by phone or letter and your yearbooks will be sent at no cost.



MBA/D.O. Degree



PCOM Ruggers Roar-On

The coach of the PCOM Rugby Club, **Walter Prozialeck**, PhD, has announced the club's completion of another highly successful season. The team finished the fall season undefeated, with a record of 8 wins and 0 losses to capture the championship of the Graduate School Division of the Eastern Pennsylvania Rugby Union. The outstanding individual players included **Scott Naftalin**, DO, **Gene Fellin**, '89, **John Ward**, '89, **John Connely**, '89, and **Brian Kahan**, '91. The B-Team, known on campus as the "Killer-B's," finished with a record of 5 wins and 1 loss, their only defeat coming from the hands of a very tough PCOM Alumni team.

Saint Joseph's University and PCOM have joined forces to create the nation's first joint MBA/D.O. graduate degree. Rev. Nicholas S. Rashford, S.J., President of Saint Joseph's, and J. Peter Tilley, D.O., President of PCOM, signed the cooperative agreement in ceremonies at PCOM in September.

The five-year joint degree program results in the attainment of a Master of Business Administration degree from Saint Joseph's and a Doctor of Osteopathy degree from PCOM. The program responds to the increasing need to put more business knowhow into the practice of medicine and it will prepare medical professionals for a wide range of emerging careers in business.

The joint degree concept was initiated by Dean Joseph A. Dieterle, D.O., who foresaw its benefits to doctors in a future filled with more paperwork and less patient time. "We may do an excellent job of preparing a new physician," he said, "only to realize that the business aspects of running a practice are preventing quality patient care. Better time management, and understanding the differences between a business decision and a medical decision, are two important dividends of MBA training for our physicians."

Dr. John B. Lord, Dean of the College of Business and Administration at Saint Joseph's, advanced the idea further. "An increasing number of physicians are entering into group practices which, in effect, are small businesses,"

he said. "A degree program of this type, combining medical and business education, will provide necessary skills for graduates into the 1990's and beyond."

The joint program begins with the current PCOM class. Students currently enrolled in their first-year medical studies will be eligible to matriculate beginning summer 1989 in Saint Joseph's MBA program, provided they meet entrance qualifications. After the initial MBA summer session, students will combine medical studies at PCOM with evening courses at nearby Saint Joseph's.

Students completing their MBA course work will receive their MBA degree at Saint Joseph's spring commencement following two summer sessions and four semesters in the joint program. Clinical rotations comprising the final two years of medical education complete requirements for the medical degree.

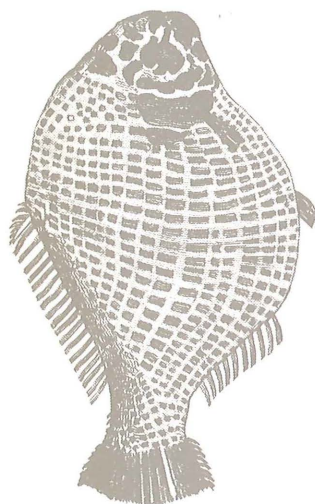
The MBA program at Saint Joseph's will be tailored slightly to credit some pre-medical work and PCOM courses in statistics, business law and ethics toward meeting MBA requirements. Of particular value to medical students will be a range of foundation courses in Economic Analysis, Information Systems and Financial Management.

Advanced courses in Business Decision Making Methods, Accounting for Health Businesses, Promotional Strategy and Hospital Administration will add greatly to the knowledge base the new doctor carries into prac-

tice. The 36 hours of MBA course work compare favorably with standards from other MBA degree requirements. The MBA is Saint Joseph's largest graduate program.



Walter M. Hamilton (left)
Hale Peffall



Lawrence Nessman

1925

Walter M. Hamilton, Eastham, MA, recently went fishing with Paul T. Lloyd, '23, a sport they first enjoyed together more than a half century earlier. The big one got away!

1938

Richard S. Koch, Olympia, WA, has received board certification in family medicine.

1942

Classmates **Richard P. DeNise**, Solon, OH, and **Harold W. Nolf**, Mt. Desert, ME, have been enrolled as a life members of the Ohio Osteopathic Association.

1953

Leonard S. Papel, Saddle Brook, NJ, was elected chairman of the AAOS Board of Certification in Radiology and received the Honorary Degree of Fellow Award from the AAOR.

John C. Pellosie, Orlando, FL, was elected vice chairman of the AAOS Board of Certification in Orthopedic Surgery.

1954

Emil M. Felski, Loraine, OH, was enrolled as a life member of the Ohio Osteopathic Association.

Thomas P. Woodward, Franklinville, NJ, was elected secretary-treasurer of the AAOS Board of Certification in Neurology and Psychiatry.

1955

Norman H. Illoquite, Fort Lee, NJ, received board certification in dermatology. **John A. Kline**, Lewisburg, WV, was appointed chairman of the Department of Pathology at WVSOM.

James R. Tyler, Fort Worth, TX, was elected vice chairman of the AAOS Board of Certification in Surgery.

1956

J. Harris Joseph, Bala Cynwyd, PA, received JAOA coverage for his work on Primary malignant melanoma involving the anorectum.

1957

John J. Heiser, Marlton, NJ, received the Physician Excellence Award at Kennedy Memorial Hospitals, Cherry Hill Division, where he is section head of anesthesiology.

Eleanor V. Masterson, Stratford, NJ, was elected a Distinguished Practitioner in the National Academy of Practice in Osteopathic Medicine.

Lawrence E. Miller, Short Hills, NJ, was elected vice chairman of the AAOS Board of Certification in Neurology and Psychiatry.

1961

Marvin Kanefield, Wyncote, PA, published an article in the NJAOPS Journal on post-MI psychiatric care.

Gerald M. Ketner, Clarion, PA, was elected to the AAOS

Board of Certification in Orthopedic Surgery.

Anthony A. Minissale, Gladwyne, PA, was appointed to KePRO's Professional Review Committee.

1962

Donald Eck, Muskegon, MI, was elected president of the Board of Governors, AAOS.

Lawrence Nessman, Wayne, NJ, did a spring tour of duty with the US Army Reserves in Honduras as officer in charge.

1963

William J. King, Deptford, NJ, has been elected to the PCOM Alumni Association Board of Directors.

1965

Ralph C. Lanciano, Jr., Pennsauken, NJ, was selected "Best of the Best" in the physician category by readers of the Courier Post, and also speaks regularly on eye care on radio WWDB.

Vincent G.J. Lobo, Harrington, DE, has been elected to the PCOM Alumni Association Board of Directors.

1966

Clayton C. Lindemuth, Sr., Fairview, PA, was board certified in cardiovascular and thoracic surgery.

William A. Nickey, Philadelphia, PA, was appointed member of a hypertension and chronic renal failure working group of the National HBPEP of the NHLBI.

1967

Sherman Leis, Bala Cynwyd, PA, chairman of the plastic and reconstructive surgery section of ACOS, was featured on the TV-6 show, A.M. Philadelphia.

Ronald R. Blanck, Frankfurt, Germany, has been appointed commander of the Frankfurt Army Regional Medical Center, the largest overseas medical complex of the US military.

Louis D. Ellis, Cherry Hill, NJ, was elected vice chairman of the AAOS Board of Certification in Radiology.

1968

Bernard. S. Sobel, Norristown, PA, has been board certified in addictionology by AMSAODD.

1969

Donald C. Tilton, Wilmington, DE, is now president-elect of AAOR.

1970

Joseph C. Gallagher, Jr., Norristown, PA, was elected to the AAOS Board of Certification in Orthopedic Surgery.

1971

Emil F.M. Felski, Casselberry, FL, was elected secretary-treasurer of the Board of Governors, AAOOG.

Pat Anthony Lannutti, Drexel Hill, PA, has been elected chief of staff at Metropolitan Hospital-Central Division.

Gerard M. Papp, Columbus, OH, was recently awarded the title of Fellow by the ACOS.

Richard E. Parcinski, Johnstown, PA, was elected secretary-treasurer of the AAOI.

Samuel Strauss, San Antonio, TX, has begun a residency at Brooks Air Force Base School of Aerospace Medicine.

1973

Raymond Adelizzi, Cherry Hill, NJ, is president of the Lupus Foundation of America, South Jersey chapter.

Barry M. Krein, Hallandale, FL, has been board certified in hematology and oncology.

Frank M. Lobacz, East Islip, NY, was elected vice president of the AAOPF.

1974

Alan L. Meshekow, Massillon, OH, was recently awarded the title of Fellow by the ACOS.

Edward Sarama, York, PA, was appointed medical consultant to the regional medical director of the Southcentral Pennsylvania Emergency Medical Services System.

1975

Charles S. Hoag, Portland, ME, has been board certified in cardiology.

Michael J. Lyons, Fort Payne, AL, was elected public relations officer of AAOOS.

1976

Rowland Allard, York, PA, was appointed to the committee on anesthesiology of POMA, and is chairman of the department at Memorial Hospital.

Robert I. Boorstein, West Bloomfield, MI, was recently awarded the title of Fellow by the ACOS.

David V. Condoluci, Morestown, NJ, published an article on AIDS in the NJAOPS Journal.

Ted S. Eisenberg, Philadelphia, PA, was reappointed chairman of the subcommittee on plastic and reconstructive surgery for POMA, and lectured at the annual convention of POGPS.

Stephen N. Finberg, Phoenix, AZ, received board certification in allergy and immunology.

Frank H. Guinn, Philadelphia, PA, received board certification in internal medicine.

William R. Henwood, Sharon, PA, was recently awarded the title of Fellow by the ACOS.

Edward E. Janus, Fairview, PA, was elected vice president of the Board of Governors, AAOI.

Robert D. Multari, West Middlesex, PA, received the Honorary Degree of Fellow Award from the AAOI.



Pat Anthony Lannutti



Samuel Strauss

1977

Robert J. Bell, Huntingdon Valley, PA, has received board certification in general practice.

Warren M. Cohen, Philadelphia, PA, was elected vice president of the Board of Governors, AAOR.

Richard M Gladding, Jr., Scottsdale, AZ, was elected public relations officer of the Board of Governors, AAOI.

Rita Mary Hanly, Norristown, PA, was the September "career pin up" on the 88-89 calendar of Gwynedd-Mercy College.

Michael C. Saltzburg, Hollidaysburg, PA, was elected secretary-treasurer of the AAOS Board of Certification in Orthopedic Surgery.

Daniel D. Wert, Jr., Paradise, PA, was elected member at large of the Board of Governors, AAOA.

John F. Woods, West Chester, PA, was elected to the AAOS Board of Certification in Anesthesiology.

1978

John A. Bonchak, Sharon, PA, was elected chairman of the AAOS Board of Certification in Internal Medicine, and received an Honorary Degree of Fellow Award from the AAOI.

Daniel C. DuPont, Springfield, PA, was elected chief of staff at Metropolitan Hospital-Springfield Division.

W. Stephen Gefvert, Cumberland, ME, was elected member at large to the AAOS Board of Certification in Internal Medicine.

James E. Oxley, Campbell Hall, NY, was elected to the PCOM Alumni Association Board of Directors.

Samuel W. Stever, Cherry Hill, NJ, received board certification in both internal medicine and cardiology.

R. Curtis Waligura, North Huntingdon, PA, received board certification in internal medicine.

1979

Alfred R. D'Angelo, Red Lion, PA, was elected secretary-treasurer of the York County Osteopathic Medical Society.

David M. Callahan, Avondale, PA, was elected to the Board of Certification in Internal Medicine, AAOS.

Nelson P. Kopyt, Allentown, PA, was board certified in critical care medicine.

William C. Leach, Wauwatosa, WI, was voted "Outstanding Teacher of 87-88" at the Children's Hospital of Wisconsin.

Alan R. Maniet, Lower Merion, PA, was elected president of AAOI.

1980

Scott A. Boydman, Beechwood, OH, was board certified in anesthesiology and accepted appointment to the staff of St. Luke's Hospital, Cleveland.

Richard B. Esack, Largo, FL, was elected secretary-treasurer of the AAOS Board of Certification in Anesthesiology.

Harold E. Feiler, Bristol, PA, was awarded for his outstanding teaching and dedication to intern training at DVMC.

Joseph D. Piorkowski, Jr., Washington, DC, son of Elizabeth C. Bell, '83, received his board certification in general practice and graduated magna cum laude from Georgetown University Law Center.

Serge Riley, Wilmington, DE, received board certification in cardiology.

Lawrence A. Tepper, West Palm Beach, FL, is board certified in medical oncology and opened a second office in Jupiter for the practice of hematology and oncology.

1981

John Fornace, Norristown, PA, has joined Internal Medicine Associates as a cardiologist at Suburban General Hospital, teamed up with his father, Albert Fornace, 44.

Thomas G. Majernick, Lake Winola, PA, was board certified in emergency medicine.

Hugh E. Palmer, York, PA, was appointed chairman of the committee on public relations for POMS.

1982

Robin Innella, Union, NJ, surgically teamed with Clifford Botwin, DO, performed the first percutaneous lumbar discectomy procedure done at Union Hospital.

Joseph M. Kaczmarczyk, Gallup, NM, Public Health Service OB/GYN staff at the Gallup Indian Medical Center and preceptor for Yale medical students, was appointed clinical instructor at the University of New Mexico, School of Medicine.

Mark Vengrove, Allentown, PA, associate in charge of endocrinology and metabolism at Easton Hospital, has opened offices in Wilson and East Stroudsburg.

Denise M. Wilson, Muncy, PA, was elected to fellowship in the American College of Emergency Physicians.

1983

Paul Loeb, Langhorne, PA, is now associated with the OB/GYN practice of Dr. Philip Kauff in Morrisville and Hamilton Township, NJ.

Stephen Mifsud, York, PA, was board certified in general practice.

Michael J. Zakrzewski, Lansdale, PA, cardiologist, is affiliated with the Lansdale Medical Group and has joined

the medical staff of North Penn Hospital.

Mary Zygmunt, Allentown, PA, has joined the Allentown OB/GYN practice of Frank Weaver, DO.

1984

Michael J. Caruso, Seaville, NJ, has joined the staff of Burdette Tomlin Memorial Hospital in ophthalmology.

Maria Daly, Carmel Valley, CA, is The Noon Day Doctor on local Channel 8.

Ruth E. Frye, Allentown, PA, has joined in general/family practice with Domenic M. Falco, '59, in Allentown.

Robert W. Linkenheimer, Philadelphia, PA, was named assistant director of emergency services at Lower Bucks Hospital.

Walter W. Setlock, Orwigsburg, PA, is associated in family practice with Carl J. Forster, DO, '75, in Pottsville.

Daniel F. Walton, Tucson, AZ, is now associated with a group practice in Green Valley, AZ.

1985

Greg R. Ehgartner, Harrisburg, PA, published an article on hemodynamic instability following intentional nadolol overdose in the April issue of Archives of Internal Medicine.

Robert W. Hostoffer, Jr., Homewood, AL, has completed his pediatrics residency

at Doctor's Hospital in Columbus, OH, as "Resident of the Year."

Salvatore Moscatello, Alt Highland, NJ, is chief medical resident at Hackensack Medical Center

LaVerne VanDeWall, Sayre, PA, is co-chief of medical residents at Robert Packer Hospital/Guthrie Clinic in Sayre.

1986

John Dudzinski, Erie, PA, has established a general practice in North East, PA.

Robert Durkin, Hackensack, NJ, won the "Intern of the Year Award" at Hackensack Medical Center, making it three in a row for PCOM since he follows winners Mike Otruba and Salvatore Moscatello.

Gary Nothstein, Allentown, PA, has joined a general practice at Fogelsville Medical Center, Fogelsville, PA.

James H. Sussman, Abington, PA, received the Hershey Memorial Award for Internal Medicine at Metropolitan Hospital in 1987, and was named "Intern of the Year" at Abington Memorial where he is now serving a residency.

Michael J. Zawisza, Orwigsburg, PA, has opened his practice in general family medicine in New Philadelphia, PA.

Warren J.E. Tucker, '35, Tonawanda, NY, died June 4, 1987, at age 77. Dr. Tucker practiced in Port Washington, Long Island, for 35 years before moving his office to Tonawanda. In 1985, he received a plaque from The New York State Osteopathic Society recognizing 50 years of practice. He is survived by two sons, his brother E. DeVer Tucker, DO, '27, of Clarence, NY, a sister, a nephew, Duane H. Tucker, DO, '54, of Kenmore, NY, and five grandchildren.

Jerome B. Cohen, '56, Willingboro, NJ, died July 30. Dr. Cohen had received the 1988 Physician of the Year Award from the New Jersey Association of Osteopathic Physicians and Surgeons, of which he was a past president. He was president of the Burlington County professional society for 11 years and a member of the American Academy of Family Physicians. Dr. Cohen was also a member of the AOA House of Delegates, the AAO, POMA, and was on the faculty of the New Jersey School of Osteopathic Medicine.

John G. DeGhetto, '56, Paramus, NJ, died on October 12 at age 57. After being located first in Saddle Brook and then Clifton, NJ, Dr. DeGhetto had a private practice in Paramus and was medical director of the Clifton Mental Health Center. He served his internship in Bay Village, OH, and did a residency in psychology at Columbia University Hospital in 1973.

Coming Events

| | | |
|---------------------|---|--------------------------------------|
| January 27 | Founders Day Convocation | PCOM |
| January 28 | Alumni Association Board Meeting Founders Day Dinner Dance | PCOM Adams Mark |
| January 29 - Feb. 5 | Post Founders Day CME | St. Thomas, USVI |
| February 18 | CME Endocrinology | PCOM |
| March 8-12 | American College of General Practice | San Antonio River Center Marriott |
| March 16-19 | FOMA | Miami Doral |
| March 18 | CME Infectious Disease | PCOM |
| March 25 | Depression Update | PCOM |
| April 1 | CME General Practice | PCOM |
| April 6-9 | EROC | Atlantic City Bally's A |
| May 3-7 | 81st Annual Clinical Assembly, POMA | Atlantic City TropWorld Resort |

Osteopathic

Osteopathic Medical Center of Philadelphia
4150 City Avenue, Philadelphia, Pennsylvania 19131-1696